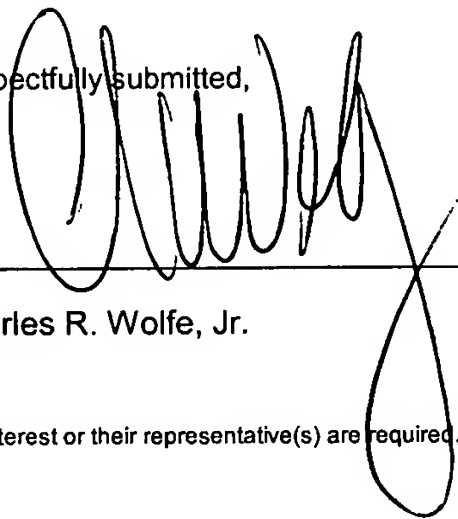


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number: 111828-00113
Serial Number: 10/729,949	Confirmation Number: 8488	Filed: December 9, 2003
Inventor(s): Sydney M. FINEGOLD		
For: METHOD OF TREATING DISEASES ASSOCIATED WITH ABNORMAL GASTROINTESTINAL FLORA		
Art Unit: 1651	Examiner: Deborah K. Ware	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):		
	<b>Fee</b>	<b>Small Entity Fee</b>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-2185</u>		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,680</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
Blank Rome LLP 600 New Hampshire Avenue, N.W. Washington, DC 20037 Tel: (202) 772-5800 Fax: (202) 572-8398 Customer No.: 27557		
Respectfully submitted,  _____ Charles R. Wolfe, Jr.		
Date: May 21, 2007		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total <u>1</u> forms are submitted.		